

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
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25		/				
26		/				
27		/				
28		/				
29		/				
30		/				
31		/				
32		/				
33		5	1			
34		1				
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48						
49						
50						
TOTAL IND.	7		1			
TOTAL DEP.	31		0			
TOTAL CLAIMS	38		1			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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59						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

# CLAIMS ONLY

SERIAL NO.

59464667

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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33			1			
34	3	3				
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50						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	0	←		←		←
TOTAL CLAIMS	1					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS